20th Annual BMFMS Early Bird Registration Form

Thursday 19th – Friday 20th April 2018 – Hilton Metropole Hotel, Brighton, UK

Please complete clearly and in BLOCK CAPITALS:

First/Given Names: ..... Last/Family Names: .....

Prof/Dr/Mrs/Mr/Ms etc: ..... Job Title: .....

Organisation/Company: .....

Work Address*: .....

.....

City: ..... Country: .....

Postcode: ..... E-mail**: .....

Contact Tel. No**: ..... Fax No: .....

**NB: Your work address will be used for correspondence. If it is not appropriate please advise us of an alternative address.*

*** NB: It is important that you provide an email address and contact Tel No. so that notification can be sent to you when final details of the conference are available and if we need to contact you concerning the conference.*

Registration Fee

Please tick (✓) relevant box and complete payment section

Note: To qualify for the Member rate you should have completed a Membership Application Form and paid the annual subscription

Members of BMFMS		Non Members		Payment
❑ Clinician – 1 Day Rate*	£285.00	❑ Clinician – 1 Day Rate*	£285.00	£
❑ Clinician – 2 Day Rate	£405.00	❑ Clinician – 2 Day Rate	£465.00	£
❑ Trainee – 1 Day Rate*	£250.00	❑ Trainee – 1 Day Rate*	£250.00	£
❑ Trainee – 2 Day Rate	£345.00	❑ Trainee – 2 Day Rate	£395.00	£
❑ Non Clinician – 1 Day Rate*	£160.00	❑ Non Clinician – 1 Day Rate*	£160.00	£
❑ Non Clinician – 2 Day Rate	£225.00	❑ Non Clinician – 2 Day Rate	£255.00	£

* Please tick (✓) which day you will be attending: ❑ Thursday 19th April ❑ Friday 20th April

Please note that 'Non Clinician' encompasses: Midwives, Nurses, Scientists and Medical Students

Thursday Drinks Reception & Conference Dinner ***@ The Grand Hotel Brighton from 18:30 till late*** **Please tick appropriately**	❑ I wish to attend - £60.00	❑ I won't be attending

Dietary and Other Requirements

Please tick (✓) the relevant box

❑ Vegetarian ❑ Vegan ❑ Gluten Free ❑ Halal ❑ Nut allergy ❑ Dairy Free

❑ Other (please specify): .....

Do you have any accessibility or other specific requirements? .....

**Please continue to the next page for Payment Details.*

Payment Details

Please tick (✓) relevant box. All payments to be in GB Pounds Sterling
*Registrations will **NOT** be accepted without payment*

☐ **By Cheque/Bank Draft**	Payable to '**Hampton Medical'.** If paying by cheque, please include '**BMFMS registration *'insert delegate's name"*** on the back of the cheque.	
☐ **Please deduct the total sum due from -** *PLEASE NOTE IF EMAILING YOUR FORM, **PLEASE DO NOT FILL IN THE CARD DETAILS.** WE SHALL FOLLOW UP YOUR EMAIL WITH A PHONE CALL TO TAKE THE PAYMENT DETAILS.*	**Credit Card**: ☐ MasterCard ☐ Visa ☐ American Express **Debit Card:** ☐ Maestro ☐ Visa Debit Card No: _____ Expiry Date: _____ Card Security Code: (last 3 digits of code on the back of the card) _____ Cardholder's Signature: _____ Name and full address including postcode of the cardholder: _____ _____ ***Please note VAT is included in the fee amount at the rate of 20%***	
☐ **By Invoice**	Trust Contact Details: .... PO Number:.....	Please supply the contact details of the party who will be paying the invoice on your behalf. We shall then be able to send them your invoice which is to be paid within 30 days.

By returning your completed registration form you are agreeing to the terms & conditions of the conference, including payment & any cancellation policies for registration fees. You are also agreeing to your name, organisation and town being included in the list of participants and to your email address being used by the Secretariat.

✉ **Please return to: BMFMS 2018 (Conference Registration)** Hampton Medical, Rapier House, 4-6 Crane Mead, Ware, Hertfordshire, SG12 9PW *Fax: +44 (0)1920 885 102 Email: bmfms@hamptonmedical.com*